

County of Los Angeles – Department of Mental Health
OFFICE OF THE MENTAL HEALTH COMMISSION

JOINT COMMISSION MEETING

Thursday, January 27, 2011

~ **Approved Minutes** ~

Both commissions met to collaborate and develop topics for the joint commission discussion including questions for the DMH panelists to address at the meeting. Minutes consists of dialogue between Commissioners and DMH panelist in form of questions and answers.

Facilitators

Larry Gasco Chairman, Mental Health Commission

Patricia Curry, Chair, Commission for Children and Families

I. Call to Order – Larry Gasco

- The meeting was called to order by Larry Gasco

II. Facilitator's Comments

Facilitators welcome guest and made comments on the benefit of the two commissions collaborating on major issues to improve services for both populations. Dr. Gasco set the ground rules for the meeting activities.

III. Discussion Topics

Mental Health Services in Probation Camps

Panel: Sandra Thomas, LCSW, Deputy Director, Specialized Child and Youth
Dr. Karen Streich, District Chief, Juvenile Justice Programs
Terri Boykins, District Chief, Transition Age Youth Programs

Panelists were presented with a series of questions prior to the meeting that focused mental health services in the Probation Camps. Questions were what is the screening/assessment process; how is the family included in treatment planning, TAY services and aftercare; breakdown of mental health staff providing services at each camp; crisis intervention services; the role of the System Navigators and how many are there; how are language/cultural issues addressed; is there a process to evaluate mental health services; and what is the budget for mental health services and the resources.

Questions and Answers (*italic*)

1. What is the workload and how many System Navigators are in the camps?

Approximately 100 cases and 5 Camp Navigators.

2. Regarding placement in the camps, mental health appears to focus on what is best for mental health staff. Some kids are very far away from their families. Many of the kids with the same problems are together in one camp which offers no role models for these kids. How many hours do mental health workers spend with youth?

Varies by client, 50-60% of the worker's time is spent with clients. Treatment plans are customized for each client.

3. Based on information from DMH staff, a youth stated he was number 150 on a wait list for TAY services.

DMH stated 1,186 TAY slots funded by MHSAs were available. TAY slots are distributed by Service Area and Countywide. There are eighty-eight slots countywide for Native American, Service Area 6 allocated 188, and Service Area 1 allocated 38. DMH will investigate the validity of the information from the DMH staff. Also 93% of the TAY slots are filled.

4. Please provide the distribution of slots for Probation and DCFS. How many have open mental health diagnosis and what treatment is provided in camps.

DMH will follow up with data requested by the Commissioner.

5. How many staff are bilingual, include Navigators from high risk areas and what do Navigators do?

Navigators develop individualized and family aftercare plans for youth to return to the community and linkage.

6. At what point are services evaluated for effectiveness and issues addressed?

Quality and assurance staff at Probation camp measure client improvement/outcome. Case conferences with multidisciplinary teams, joint treatment reviews among other process are used to evaluate effectiveness of treatment plan. OA staff work with clinical staff and supervisors to audit, provide feedback and training to increase quality of work.

7. What is the number of suicides?

Other than the recent 3 at Probation, none were reported in 23 years.

8. How is substance abuse treated?

There are substance abuse counselors in the camps. Substance abuse is treated by mental health staff along with other disorders identified in the treatment plan.

9. Who issues medication for the aftercare program and who does the follow up?

Medication is prescribed by the mental health psychiatrist and issued by the mental health juvenile court nurse. The follow up process is for open cases when see by psychiatrist. Parents are provided the medication plan and are responsible for medication maintenance. System Navigators follow up with community linkages that provide medication needs.

10. What is the total breakdown on the number of System Navigators for aftercare, the role of a Navigator and the timeframe for linkage process?

The time limit for aftercare services depends on client's situation. Aftercare continues until clients are linked.

11. Are findings from QA operations published for public?

No – information is used in-house for follow up and training purposes. DMH will share information with both Commissions.

12. What is the number of services youth would receive in one week?

DMH will provide a breakdown of the Camp Navigator's caseloads, what services, who receives the services and how often to both Commissions.

Discussion topic – PEI (Prevention and Early Intervention) Roll Out

Panel: Dr. Debbie Innes Gomberg, Chief, MHSA Implementation

Dr. Bryan Mershon, Interim Deputy Director, Specialized Foster Care
Ms. Lillian Bando, LCSW, MHSA PEI Unit

Panelists presented an overview of the PEI Implementation. How PEI will measure the impact of evidence-based practices treating various disorders. How using methods particular to ages 4 -21 years old develop recommended outcome measures. The process will compare different evidence-based practices with the focus of treatment to develop a model practice that

increases resources, creates partnerships and help clients feel better. PEI Implementation is using a 3-prong strategy plan; transformation of services, approve contracts qualified to bid in bidding process, and expand new services with DMH and other county departments.

Questions and Answers (*italic*)

1. What is CIMH?

CIMH is the training arm of California Mental Health Directors Association.

2. Is there an evaluation process that providers can go beyond a standard level of trust?

DMH will incorporate a mechanism to contact families and clients for a face-to-face follow-up to assure practices are delivered with empathy.

3. Is there a shortage of or difficulty in finding specific qualified people who practice the various evidence based practices?

After providers are trained in the various practices, they become eager and excited about the new transformation treatment practices. They view the training and specialized expertise as a commodity.

4. How do you expand beyond the usual prospects, such as SLT members?

Conduct 5 workshops, provide technical assistance, and host incubation academy.

5. Have you integrated PEI services with the countywide Prevention Initiative Demonstration Project (PIDP)?

The PIDP has been part of the planning process with PEI but more work needs to be done with the project.

6. Are Probation youth eligible to receive services in the PEI program?

DMH is working with Probation. DMH has invested \$12 million in TAY aftercare services, training, aggression, and trauma focused therapy and other treatment services. The "go ahead" still needs board approval which is anticipated by the end of March 2011.

7. From overlaps and duplication of services and some issues that go completely unnoticed. How do you avoid falling into the traps of only dealing with symptoms and not dealing with causes of what is needed?

Outcomes focus on the individuals and the family as a whole. Outcomes will speak to the treatment using various evidence based practices identified in the PEI plan. These practices will uncover a focus on relationship building and what makes the client feel better.

8. Hoped everything was up and running by now. Not many services appear to be community based programs. Not much training for 0-5 population and exploring SPAs need. Integration with community based outcomes is not connected to early childhood, schools and family needs. Program is very mental health orientated and focused.

The PEI is a learning process to find out what practices work from feedback and outcomes.

Closing comments by Facilitators presented.

IV. Public Comments –

- **Sawako Nitao** – Talked about hate crime in October 2010.
- **Cindy Vitto** – On subject of home visit from DMH social workers
- **William Legere** – Changes in Medicare Part D medication plans as of January 2011.
- **Zed Null** – Proposal by LA County Planning Commission to shut down any residence operating in Zone R7, R 2 and R3 neighborhoods. This will displace between 2000 and 10,000 consumers receiving services. The argument is that these facilities violate noise ordinances and second hand smoke requirements. There is no Olmsted protection, since substance abuse is not considered a disability; since it is “short term” and recoverable!!!
- **Janice Oye** – There is a concern for proposed rezoning proposal ordinance for sober livings as 70% of consumers suffering from co-occurring diagnosis to drug or alcohol addition. A large number, 1,375 mental health consumers are housed in Los Angeles areas homes. What happened to the “Peer Model” Innovations Plan?
- **Larry Looney** – I was a first hand witness of a police shooting. I would like to note the passing of the man who died may have been mentally ill. This points to the importance of early intervention in mental illness and the need for a more charitable society economically.
- **MC Harris** – Submitted the list of PADs meeting recommendations.
- **Mark Karmatz** – Address the agenda. Is self help being administered that if clients who have been through the system and have some expertise beyond (writing is illegible)
- **Pam Inaba** – I want to announce the Community College Partnering Project – A Conference at LA Southwest College done by DMH and LASW College. Name of the conference is Education and Employment Cornerstones of Mental Health.
- **Sgt Tony Campbell** – The collaboration with DMH, Sheriff and Probation is a success at Kedren Acute Psychiatric Hospital. The need to prevent children from retuning to camp.

V. Meeting adjourned - NEXT MEETING LOCATION

Thursday, February 24, 2011

Noon – 2:30 pm

Kenneth Hahn Hall of Administration – Room 739

500 W. Temple Street, Los Angeles, CA 90012

Please contact the Commission office at (213) 738 4772 if you need more information

Submitted by Canetana Hurd